

EXHIBIT D

Pork Direct Antitrust Litigation
 c/o A.B. Data, Ltd.
 P.O. Box 173117
 Milwaukee, WI 53217

UNIQUE ID: _____

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MINNESOTA

Our records indicate you may be a member of the Settlement Class in this action for Settlements previously reached with Defendants JBS USA Food Company, JBS USA Food Company Holding (“JBS”), and Smithfield Foods, Inc. (“Smithfield”) (collectively, the “Settlements”). The Settlement Class, subject to certain exclusions, is defined as “All persons who purchased Pork directly from any of the Defendants or any co-conspirator, or their respective subsidiaries or affiliates for use or delivery in the United States from January 1, 2009, through January 12, 2021.”

The Court has now issued final approval for the Settlements and a claims process will now commence to distribute the Net Settlement Funds to eligible Settlement Class Members. In accordance with the Settlement Agreements, the combined Settlement Proceeds, minus Court-approved attorneys’ fees and litigation expenses, any Class Representative Service Award approved by the Court, and Settlement Administration and notice expenses (the “Net Settlement Fund”), will be distributed to Settlement Class Members on a *pro rata* basis based on the amount of Pork purchases by each participating Settlement Class Member compared to the combined Pork purchases of all participating Settlement Class Members. To be eligible to receive a payment, you must submit this Claim Form to the mailing address listed at the top of this form or on the Settlement Website www.PorkAntitrustLitigation.com by _____, 2022.

You may use your Unique ID number listed at the top of this page to log in at www.PorkAntitrustLitigation.com, where you can submit a claim and review your purchase information electronically. If your organization received more than one notice, you only need to file one Claim Form for each Unique ID.

Review your purchase information

The total award amount you receive will be calculated based on the purchase information from records available from Defendants. Your total known Settlement qualifying purchases from Defendants for the period between January 1, 2009 through December 31, 2019¹ are \$<<Total Purchases>>. The details concerning the amount of your qualifying purchases are set forth on page 2.



If you agree with the purchase information listed on Page 2, you simply need to complete the Claimant Information section on Page 3 of this Claim Form, affirm and sign the attestation also on Page 3, and submit it by _____, 2022 (postmarked or submitted online).

If you do not agree with the purchase information on Page 2 or want to supplement your claim to include 2020 and 2021 purchase data, you may complete the Purchase Audit Request form posted on www.PorkAntitrustLitigation.com and submit it with your Claim Form.

¹ Purchase information from all Defendants is only available through 2019. If you wish to include any 2020 or 2021 Settlement Class Period purchases in your claim, then please complete the Purchase Audit Request form pursuant to the instructions below.

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PURCHASE INFORMATION

UNIQUE ID: _____

DEFENDANT/ CO-CONSPIRATOR	2009	2010	2011	2012	2013	2014	2015
Clemens							
Hormel							
JBS							
Seaboard ²							
Smithfield							
Triumph ²							
Tyson							
DEFENDANT/ CO-CONSPIRATOR	2016	2017	2018	2019			
Clemens							
Hormel							
JBS							
Seaboard ²							
Smithfield							
Triumph ²							
Tyson							

Total Purchase Amount \$<<Total Purchases>>



If you agree with the purchase information listed on Page 2, you simply need to complete the Claimant Information section on Page 3 of this Claim Form, affirm and sign the attestation also on Page 3, and submit it by _____, 2022 (postmarked or submitted online).

If you do not agree with the purchase information on Page 2 or want to supplement your claim to include 2020 and 2021 purchase data, you may complete the Purchase Audit Request form posted on www.PorkAntitrustLitigation.com and submit it with your Claim Form.

² Purchases from Seaboard, Triumph and Seaboard Triumph Foods have been generated from the same data source. If the total sales from Seaboard and Triumph reflects the amounts you have purchased from these three entities, there is no need to submit a Purchase Audit Request Form.

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DIRECT PURCHASER ANTITRUST CLAIM FORM

UNIQUE ID: _____

If you **agree** with the purchase information on page 2, please complete the Claimant Information below and submit it by _____, 2022, (postmarked or submitted online) to the Settlement Administrator at the address listed above.

If you do **not agree** with the purchase information listed on page 2, please complete the Claimant Information below, as well as the **Purchase Audit Request form posted on the Settlement Website www.PorkAntitrustLitigation.com**, and submit them by _____, 2022, (postmarked or submitted online) to the Settlement Administrator at the address listed above, along with additional documentation to support your claim (e.g., invoices, purchase information, etc.).

If you agree with the purchase information listed on page 2 but want to supplement your claim to include 2020 and 2021 purchase data, please complete the Claimant Information below, as well as the **Purchase Audit Request form posted on the Settlement Website www.PorkAntitrustLitigation.com**, and submit them by _____, 2022, (postmarked or submitted online) to the Settlement Administrator at the address listed above, along with additional documentation to support your claim for purchases in the additional time period between January 1, 2020 and January 12, 2021 (e.g., invoices, purchase information, etc.).

Documentation must include actual receipts or invoices that include the product name, name of Defendant manufacturer, date of purchase, and net purchase amount. Please submit legible copies. Do not send originals but maintain the originals in your records.

<u>CLAIMANT INFORMATION</u>			
<u>CONTACT NAME:</u>	First	M.I.	Last
<u>COMPANY NAME:</u>	Company Name		
<u>CURRENT MAILING ADDRESS:</u>	Address 1		
	Address 2		
	City		
	State/Province		
	Postal Code	Country	
<u>CONTACT TELEPHONE:</u>	_ _ _ - _ _ _ - _ _ _ _		
<u>CONTACT EMAIL ADDRESS:</u>			

By signing below I/we certify that (1) the above and foregoing information is true and correct; (2) I warrant that I am duly authorized and have the legal capacity to sign this Claim Form on behalf of the direct purchaser entity; (3) I/we are not officers, directors, or employees of any Defendant; any entity in which any Defendant has a controlling interest; an affiliate, legal representative, heir, or assign of any Defendant, or a federal, state, or local governmental entity; and (4) I/we agree to submit additional information, if requested, in order for the Settlement Administrator to process my/our claim.

Signature: _____ Date: _____

Printed Full Name (First, Middle, and Last): _____ Title: _____